PLACE OF BIRTH Lies.	ARIZONA STATE BOARD OF HEALTH
District of	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH County Registrar No.
•••	No
YO Day	If child is not yet named, ma
To be answered UNLI	4. Twin, triplet or ether
8. Pull name Ray Lee Fran	
9. Residence (Usual place of abode) Miann	11
If nearesident, give place and state	16. Color or race
10. Color or race Clinevian 11. Age at last bir	thday 24 (Years) While 17. Age at last birthday 26 (Yea
i2. Birthpiace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
18. Occupation Locomotine h	willer 19. Occupation Amening
Nature of industry Copper trum	Ling Milling Nature of industry
10. Number of children of this mether (a)	Bern alive and now living. 21. Were precautions taken against oph- thalmin necessaries?
(Taken as of time of birth of child herein (b) (c)	Stillborn Q
CERTIFICAT	E OF ATTENDING PHYSICIAN OR MIDWIFE* Le child, who was alway at 5:03 m, on the date above state (Born alive or stillborn)
	(2011)
When there was no attending physician or midwife, then the father, householder, etc.,	Signature OF Trulla
should make this return. A stillborn child is one that neither breathes nor shows other	Physician or midwife).
Given name added from	Address Filed Mr 30, 19 3 C.C. From
a supplemental report	Local Beristrer
	Filed 12/5 1923 13 County Registrar.
Registrar.	County Actions.